

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MP</i>	<i>626/4</i>	<i>10/11/00</i>
O.I.P.E. CLASSIFIER		<i>8</i>	<i>10-17-00</i>
FORMALITY REVIEW	<i>A.M.</i>	<i>5C 580</i>	<i>11-03-00</i>
RESPONSE FORMALITY REVIEW	<i>TZ</i>	<i>5C943</i>	<i>08/26/01</i>

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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